

# **ADDENDA**

**2008 – 2009**

**TCAP  
ACCOMMODATIONS**

# TCAP ACHIEVEMENT – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name \_\_\_\_\_ (Check One) ☐ IEP / ☐ 504 Plan

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Allowable Accommodations

|   |  |  |   |
|---|--|--|---|
| <b>LARGE PRINT OR BRAILLE</b>                         |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Large Print  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Readers (IEP Only)                      |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Braille (with or without audio)  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Readers (IEP Only)                      |
| <b>ORAL INSTRUCTIONS DELIVERY</b>                     |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Sign Oral Instructions Verbatim  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Re-read/sign Oral Instructions Verbatim |
| <b>CALCULATOR MATHEMATICS TABLES</b>                  |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | See <i>Teacher Directions</i> for specified subsections  |  |   |
| <b>FLEXIBLE SETTING</b>                               |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Individual   | <input type="checkbox"/> Y <input type="checkbox"/> N    | Small Group                             |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Study Carrel/ "Other" _____  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Out of School (Homebound only)          |
| <b>VISUAL/TACTILE AIDS</b>                            |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Magnification Equipment  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Templates, Masks, Pointers, Abacus      |
| <b>AUDITORY AIDS</b>                                  |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Amplification  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Noise Buffer                            |
| <b>MULTIPLE TESTING SESSIONS</b>                      |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Must be completed within the school day  |  |   |
| <b>FLEXIBLE SCHEDULING</b>                            |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Flexible Scheduling of Subtests (within allotted time)   | <input type="checkbox"/> Y <input type="checkbox"/> N    | Flexible Time of Day                    |
| <b>SCRIBE/RECORDING ANSWERS</b>                       |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers in Test Booklet  | <input type="checkbox"/> Y <input type="checkbox"/> N    | Answers Recorded by Scribe              |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers on separate sheet of paper   |  |   |
| <b>MARKING IN TEST BOOKLET</b>                        |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student highlights/marks/works problems in test booklet (May not be used on the Achievement Test in grades K—3.) |  |   |
| <b>STUDENT READS ALOUD TO SELF</b>                    |  |  |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Requires Individual Setting  |  |   |

## Special Accommodations

|          | Accommodations   | Documentation Verification                               |  | Required Conditions for Accommodations   | Notations   |
|----------|--|--|--|--|---|
|          |  | IEP  | 504  |  |   |
| <b>A</b> | <b>Extended Time</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | Extended Time limits determined by IEP or 504 Team<br>Flexible Setting required<br>Flexible Scheduling required   |
| <b>B</b> | <b>Read Aloud Internal Test Instructions</b>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan: May be used on all tests/subtests consistent with subject area accommodations   | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Instructions must be read verbatim       |
| <b>C</b> | <b>Read Aloud Internal Test Items</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP: May be used on all tests/subtests consistent with subject area accommodations<br>504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Items must be read verbatim              |
| <b>D</b> | <b>Prompting Upon Request</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP: May be used on all tests/subtests consistent with subject area accommodations<br>504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Instructions/Items must be read verbatim |
| <b>E</b> | <b>Interpreter Signs/Cues Test</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing   | Flexible Setting – Individual or Small Group required<br>Extended Time considered<br>Interpreter guidelines must be followed                                    |
| <b>F</b> | <b>Student Reads into Audio Recorder: Plays Back Immediately to Self</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | Flexible Setting – Individual<br>Flexible Scheduling considered<br>Extended Time considered<br>Special handling instructions                                    |
| <b>G</b> | <b>Calculator/Mathematics Tables</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | IEP documenting consistent use in classroom instruction and testing<br>Documented use in 100% of mathematics   | Flexible Setting required<br>Flexible Scheduling considered<br>Memory cleared prior to/after test   |
| <b>H</b> | <b>Manipulatives</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in mathematics classroom instruction and testing  | Flexible Setting considered<br>Student familiarity with Manipulatives required<br>Manipulatives provided by school  |
| <b>I</b> | <b>Assistive Technology</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing<br>Necessary for post-school success   | Flexible Setting considered<br>Flexible Scheduling considered<br>Student familiarity with AT required   |
| <b>K</b> | <b>Unique Adaptive Accommodations</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | DOE Approval Required per UAARF (See guidelines)  |

Accommodations must be recorded on the student's answer document.

# TCAP WRITING – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name \_\_\_\_\_ (Check One) ☐ IEP / ☐ 504 Plan

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Allowable Accommodations

|   |  |   |                    |   |  |   |                                |
|---|--|---|--------------------|---|--|---|--------------------------------|
| <b>LARGE PRINT OR BRAILLE</b>                         |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Large Print  | <input type="checkbox"/> Y <input type="checkbox"/> N | Readers (IEP Only) | <input type="checkbox"/> Y <input type="checkbox"/> N | Braille (with or without audio)                          | <input type="checkbox"/> Y <input type="checkbox"/> N | Readers (IEP Only)             |
| <b>ORAL INSTRUCTIONS DELIVERY</b>                     |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Sign Oral Instructions Verbatim                        |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Re-read/sign Oral Instructions Verbatim                  |   |                                |
| <b>FLEXIBLE SETTING</b>                               |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Individual   | <input type="checkbox"/> Y <input type="checkbox"/> N | Small Group        | <input type="checkbox"/> Y <input type="checkbox"/> N | Study Carrel/ "Other" _____                              | <input type="checkbox"/> Y <input type="checkbox"/> N | Out of School (Homebound only) |
| <b>VISUAL/TACTILE AIDS</b>                            |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Magnification Equipment                                |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Templates, Masks, Pointers, Abacus                       |   |                                |
| <b>AUDITORY AIDS</b>                                  |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Amplification  |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Noise Buffer   |   |                                |
| <b>MULTIPLE TESTING SESSIONS</b>                      |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Must be completed within the school day                |   |                    |   |  |   |                                |
| <b>FLEXIBLE SCHEDULING</b>                            |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Flexible Scheduling of Subtests (within allotted time) |   |                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Flexible Time of Day                                  |                                |
| <b>STUDENT READS ALOUD TO SELF</b>                    |  |   |                    |   |  |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Requires Individual Setting                            |   |                    |   |  |   |                                |

## Special Accommodations

| Accommodations |  | Documentation Verification                               |  | Required Conditions for Accommodations   | Notations   |
|----------------|--|--|--|--|---|
|                |  | IEP  | 504  |  |   |
| <b>A</b>       | <b>Extended Time</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | Extended Time limits determined by IEP or 504 Team<br>  Flexible Setting required<br>  Flexible Scheduling required                     |
| <b>E</b>       | <b>Interpreter Signs/Cues Test</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing                 | Flexible Setting – Individual or Small Group required<br>  Extended Time considered<br>  Interpreter guidelines must be followed        |
| <b>F</b>       | <b>Student Reads into Audio Recorder: Plays Back Immediately to Self</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | Flexible Setting – Individual<br>  Flexible Scheduling considered<br>  Extended Time considered<br>  Special handling instructions      |
| <b>I</b>       | <b>Assistive Technology</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing<br>  Necessary for post-school success | Flexible Setting considered<br>  Flexible Scheduling considered<br>  Student familiarity with AT required                               |
| <b>J</b>       | <b>Scribe</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | Flexible Setting – Individual<br>  Flexible Scheduling considered<br>  Extended Time considered<br>  Scribe guidelines must be followed |
| <b>K</b>       | <b>Unique Adaptive Accommodations</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP or 504 Plan documenting consistent use in classroom instruction and testing  | DOE Approval Required per UAARF (See guidelines)  |

Accommodations must be recorded on the student's answer document.

# TCAP COMPETENCY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name \_\_\_\_\_

(Check One) ☐ IEP / ☐ 504 Plan

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Allowable Accommodations

|   |   |   |                    |   |   |   |                                |
|---|---|---|--------------------|---|---|---|--------------------------------|
| <b>LARGE PRINT OR BRAILLE</b>                         |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Large Print   | <input type="checkbox"/> Y <input type="checkbox"/> N | Readers (IEP Only) | <input type="checkbox"/> Y <input type="checkbox"/> N | Braille (with or without audio)         | <input type="checkbox"/> Y <input type="checkbox"/> N | Readers (IEP Only)             |
| <b>ORAL INSTRUCTIONS DELIVERY</b>                     |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Sign Oral Instructions Verbatim                         |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Re-read/sign Oral Instructions Verbatim |   |                                |
| <b>FLEXIBLE SETTING</b>                               |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Individual  | <input type="checkbox"/> Y <input type="checkbox"/> N | Small Group        | <input type="checkbox"/> Y <input type="checkbox"/> N | Study Carrel/ "Other" _____             | <input type="checkbox"/> Y <input type="checkbox"/> N | Out of School (Homebound only) |
| <b>VISUAL/TACTILE AIDS</b>                            |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Magnification Equipment                                 |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Templates, Masks, Pointers, Abacus      |   |                                |
| <b>AUDITORY AIDS</b>                                  |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Amplification   |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Noise Buffer                            |   |                                |
| <b>MULTIPLE TESTING SESSIONS</b>                      |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Must be completed within the school day                 |   |                    |   |   |   |                                |
| <b>FLEXIBLE SCHEDULING</b>                            |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Flexible Scheduling of Subtests (within the school day) |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Flexible Time of Day                    |   |                                |
| <b>SCRIBE/RECORDING ANSWERS</b>                       |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers in Test Booklet                 |   |                    | <input type="checkbox"/> Y <input type="checkbox"/> N | Answers Recorded by Scribe              |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers on separate sheet of paper      |   |                    |   |   |   |                                |
| <b>MARKING IN TEST BOOKLET</b>                        |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student highlights/marks/works problems in test booklet |   |                    |   |   |   |                                |
| <b>STUDENT READS ALOUD TO SELF</b>                    |   |   |                    |   |   |   |                                |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Requires Individual Setting                             |   |                    |   |   |   |                                |

## Special Accommodations

| Accommodations |  | Documentation Verification                               | Required Conditions for Accommodations   | Notations   |
|----------------|--|--|--|---|
|                |  | IEP  | <i>Beginning in Fall 2004, the Competency Test was only available for students with IEPs who entered high school prior to Fall 2001 who have exited with a Special Education Diploma or are currently enrolled</i><br><br><i>Competency available until school year student reaches age of twenty-two (22)</i> |   |
| <b>B</b>       | <b>Read Aloud Internal Test Instructions</b>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations   | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Instructions must be read verbatim       |
| <b>C</b>       | <b>Read Aloud Internal Test Items</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations   | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Items must be read verbatim              |
| <b>D</b>       | <b>Prompting Upon Request</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations   | Flexible Setting – Individual or Small Group required<br>Flexible Scheduling considered<br>Extended Time considered<br>Instructions/Items must be read verbatim |
| <b>E</b>       | <b>Interpreter Signs/Cues Test</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing   | Flexible Setting – Individual or Small Group required<br>Extended Time considered<br>Interpreter guidelines must be followed                                    |
| <b>F</b>       | <b>Student Reads into Audio Recorder: Plays Back Immediately to Self</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting consistent use in classroom instruction and testing  | Flexible Setting – Individual<br>Flexible Scheduling considered<br>Extended Time considered<br>Special handling instructions                                    |
| <b>G</b>       | <b>Calculator/Mathematics Tables</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting consistent use in classroom instruction and testing  | Flexible Setting required<br>Flexible Scheduling considered<br>Memory cleared prior to/after test   |
| <b>H</b>       | <b>Manipulatives</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting consistent use in mathematics classroom instruction and testing  | Flexible Setting considered<br>Student familiarity with Manipulatives required<br>Manipulatives provided by school  |
| <b>I</b>       | <b>Assistive Technology</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting consistent use in classroom instruction and testing<br>Necessary for post-school success   | Flexible Setting considered<br>Flexible Scheduling considered<br>Student familiarity with AT required   |
| <b>K</b>       | <b>Unique Adaptive Accommodations</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | IEP documenting consistent use in classroom instruction and testing  | DOE Approval Required per UAARF<br>See guidelines   |

Accommodations must be recorded on the student's answer document.

# TCAP END-OF-COURSE (EOC) AND GATEWAY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name \_\_\_\_\_

(Check One) ☐ IEP / ☐ 504 Plan

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Allowable Accommodations

|   |   |   |   |
|---|---|---|---|
| <b>LARGE PRINT OR BRAILLE</b>                         |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Large Print   | <input type="checkbox"/> Y <input type="checkbox"/> N             | Readers (IEP Only)  |
| <input type="checkbox"/> Y <input type="checkbox"/> N |   | <input type="checkbox"/> Y <input type="checkbox"/> N             | Braille   |
| <input type="checkbox"/> Y <input type="checkbox"/> N |   | <input type="checkbox"/> Y <input type="checkbox"/> N             | Readers (IEP Only)  |
| <b>ORAL INSTRUCTIONS DELIVERY</b>                     |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Sign Oral Instructions Verbatim                         |   | <input type="checkbox"/> Y <input type="checkbox"/> N Re-read/sign Oral Instructions Verbatim |
| <b>CALCULATOR/MATHEMATICS TABLES</b>                  |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | See <i>Teacher Directions</i> for specified test        |   |   |
| <b>FLEXIBLE SETTING</b>                               |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Individual  | <input type="checkbox"/> Y <input type="checkbox"/> N Small Group | <input type="checkbox"/> Y <input type="checkbox"/> N Study Carrel/ "Other" _____             |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Out of School (Homebound only)                          |   |   |
| <b>VISUAL/TACTILE AIDS</b>                            |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Magnification Equipment                                 |   | <input type="checkbox"/> Y <input type="checkbox"/> N Templates, Masks, Pointers, Abacus      |
| <b>AUDITORY AIDS</b>                                  |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Amplification   |   | <input type="checkbox"/> Y <input type="checkbox"/> N Noise Buffer                            |
| <b>MULTIPLE TESTING SESSIONS</b>                      |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Must be completed within the school day                 |   |   |
| <b>FLEXIBLE SCHEDULING</b>                            |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Flexible Scheduling of Subtests (within allotted time)  |   | <input type="checkbox"/> Y <input type="checkbox"/> N Flexible Time of Day                    |
| <b>SCRIBE/RECORDING ANSWERS</b>                       |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers in Test Booklet                 |   | <input type="checkbox"/> Y <input type="checkbox"/> N Answers Recorded by Scribe              |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student records answers on separate sheet of paper      |   |   |
| <b>MARKING IN TEST BOOKLET</b>                        |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Student highlights/marks/works problems in test booklet |   |   |
| <b>STUDENT READS ALOUD TO SELF</b>                    |   |   |   |
| <input type="checkbox"/> Y <input type="checkbox"/> N | Requires Individual Setting                             |   |   |

## Special Accommodations

| Accommodations |  | Documentation Verification                               |  | Required Conditions for Accommodations   | Notations   |
|----------------|--|--|--|--|---|
|                |  | IEP  | 504  |  |   |
| <b>A</b>       | <b>Extended Time: EOC Tests Only</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>Applies only to EOC Tests</li> <li>Gateway Tests are Untimed</li> <li>IEP or 504 Plan documenting consistent use in classroom instruction and testing</li> </ul>  | <ul style="list-style-type: none"> <li>Extended Time limits determined by IEP or 504 Team</li> <li>Flexible Setting required</li> <li>Flexible Scheduling required</li> </ul>   |
| <b>B</b>       | <b>Read Aloud Internal Test Instructions</b>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP or 504 Service Plan: May be used on all tests consistent with subject area accommodations</li> </ul>  | <ul style="list-style-type: none"> <li>Flexible Setting – Individual or Small Group required</li> <li>Flexible Scheduling considered</li> <li>Extended Time considered</li> <li>Instructions must be read verbatim</li> </ul> |
| <b>C</b>       | <b>Read Aloud Internal Test Items</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP: May be used on all tests consistent with subject area accommodations</li> <li>504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations</li> </ul> | <ul style="list-style-type: none"> <li>Flexible Setting – Individual or Small Group required</li> <li>Flexible Scheduling considered</li> <li>Extended Time considered</li> <li>Instructions must be read verbatim</li> </ul> |
| <b>D</b>       | <b>Prompting Upon Request</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP: May be used on all tests consistent with subject area accommodations</li> <li>504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations</li> </ul> | <ul style="list-style-type: none"> <li>Flexible Setting – Individual or Small Group required</li> <li>Flexible Scheduling considered</li> <li>Extended Time considered</li> <li>Instructions must be read verbatim</li> </ul> |
| <b>E</b>       | <b>Interpreter Signs/Cues Test</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <ul style="list-style-type: none"> <li>IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing</li> </ul>   | <ul style="list-style-type: none"> <li>Flexible Setting – Individual or Small Group required</li> <li>Extended Time considered</li> <li>Interpreter guidelines must be followed</li> </ul>                                    |
| <b>F</b>       | <b>Student Reads into Audio Recorder: Plays Back Immediately to Self</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP or 504 Plan documenting consistent use in classroom instruction and testing</li> </ul>  | <ul style="list-style-type: none"> <li>Flexible Setting – Individual</li> <li>Flexible Scheduling considered</li> <li>Extended Time considered</li> <li>Special handling instructions</li> </ul>                              |
| <b>H</b>       | <b>Manipulatives</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP or 504 Plan documenting consistent use in classroom instruction and testing</li> </ul>  | <ul style="list-style-type: none"> <li>Flexible Setting considered</li> <li>Student familiarity with Manipulatives required</li> <li>Manipulatives provided by school</li> </ul>  |
| <b>I</b>       | <b>Assistive Technology</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP or 504 Plan documenting consistent use in classroom instruction and testing</li> <li>Necessary for post-school success</li> </ul>   | <ul style="list-style-type: none"> <li>Flexible Setting considered</li> <li>Flexible Scheduling considered</li> <li>Student familiarity with AT required</li> </ul>   |
| <b>K</b>       | <b>Unique Adaptive Accommodations</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> <li>IEP or 504 Plan documenting consistent use in classroom instruction and testing</li> </ul>  | <ul style="list-style-type: none"> <li>DOE Approval Required per UAARF (See guidelines)</li> </ul>  |

Accommodations must be recorded on the student's answer document.

## 2008-2009 English Language Learner (ELL) Accommodations

(Addendum to the IEP or 504 Service Plan for **English Language Learners**)

| Accommodations |   | Documentation Verification                               |  | TCAP Achievement  | TCAP Competency   | TCAP End-of-Course (EOC) / TCAP Gateway  | TCAP Writing Assessment                          | Required Conditions for Accommodations |
|----------------|---|--|--|---|---|--|--|--|
|                |   | IEP  | 504  |   |   |  |  |  |
| <b>Q</b>       | <b>Extended Time<sup>1</sup></b>                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Time and a half per subtest<br>OR<br>As determined by IEP / 504 Team  | NOT APPLICABLE-Untimed                                      | <b>EOC</b> – Time and a half per test<br>Or As determined by IEP / 504 Team<br><b>Gateway</b> – NOT APPLICABLE – Untimed | Time and a half or as determined by the IEP Team | ELL                                    |
| <b>R</b>       | <b>Bilingual Dictionary</b>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Not allowed</b> for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests                                    | <b>Not Allowed</b> for Language Arts                        | <b>Not Allowed</b> for <b>EOC</b> English I and <b>Gateway</b> Language Arts   | <b>Not Allowed</b>                               | ELL                                    |
| <b>S</b>       | <b>Read Aloud in English Internal Test Instructions</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | All subtests  | May read aloud or use Audio only or Audio with test booklet | All tests  | All tests  | ELL                                    |
| <b>T</b>       | <b>Read Aloud in English Internal Test Items</b>        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>IEP – All Subtests</b><br><b>504 – Not allowed</b> for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests | May read aloud or use Audio only or Audio with test booklet | <b>IEP – All Subtests</b><br><b>504 – Not Allowed</b> for <b>EOC</b> English I and <b>Gateway</b> Language Arts          | All tests  | ELL                                    |

\*All students are eligible for Allowable Accommodations, as needed, on any TCAP Assessment. Special Accommodations are available for students with an IEP or 504 Service Plan.

\*T1 and T2 students do **NOT** receive accommodations.

Note: Questions regarding required conditions for use of ELL Accommodations should be directed to the TN ESL Testing Coordinator at (615) 253-4515.

<sup>1</sup> If the student uses both ELL and Special Accommodations, Extended Time is determined by the IEP Team or 504 Review Committee.

# UNIQUE ADAPTIVE ACCOMMODATION REQUEST FORM (UAARF)

(Special Accommodation – K)

- All requests made for Unique Adaptive Accommodations must have DOE approval prior to implementation on State assessments.
- Return form to the following address: Special Education Assessment Consultant, Tennessee Department of Education, Division of Special Education, Andrew Johnson Tower, 7<sup>th</sup> Floor, 710 James Robertson Parkway, Nashville, TN 37243-0375.
- Each item of the UAARF must be completed before the State will review for Approval. Incomplete UAARFs will be returned to the LEA.
- All UAARFs must be received by the DOE no later than **one month prior** to the TCAP Assessment(s) to which they apply.

System Name: \_\_\_\_\_

System Number: \_\_\_\_\_

School Name: \_\_\_\_\_

School Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Grade: \_\_\_\_\_

Indicate the test(s)/subtest(s) on which the accommodation would be used:

|   |  |
|---|--|
| <b>Competency</b> (08-09 last year available)   | <input type="checkbox"/> Math <input type="checkbox"/> Language Arts   |
| <b>End of Course</b> (write in course on blank) | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____   |
| <b>Gateway</b>                                  | <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science  |
| <b>Writing Assessment</b>                       | <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup>  |
| <b>Achievement</b>                              | <input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Word Analysis <input type="checkbox"/> ALL |

Special Accommodations currently documented for use on TCAP Assessments:

|                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>A</b> <input type="checkbox"/> | <b>B</b> <input type="checkbox"/> | <b>C</b> <input type="checkbox"/> | <b>D</b> <input type="checkbox"/> | <b>E</b> <input type="checkbox"/> | <b>F</b> <input type="checkbox"/> | <b>G</b> <input type="checkbox"/> | <b>H</b> <input type="checkbox"/> | <b>I</b> <input type="checkbox"/> | <b>J</b> <input type="checkbox"/> | <b>K</b> <input type="checkbox"/> |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

Unique Adaptive Accommodation(s) Requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are requested accommodations documented on the student's IEP or 504 Plan? ☐ Yes ☐ No

Are requested accommodations used consistently throughout classroom instruction and assessments? ☐ Yes ☐ No

Are requested accommodations needed for student to access the general education curriculum? ☐ Yes ☐ No

Is the student proficient in the use of the requested accommodations? ☐ Yes ☐ No

How long has student been using the requested accommodation(s) in his/her educational environment?

(List individually for each accommodation requested.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Explain how accommodations are utilized in student's educational environment. Attach additional page(s) if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All appropriate signatures are required for UAARF to be considered. The Special Education Supervisor or the System 504 Coordinator should sign the UAARF as indicated (e.g., child has an IEP or a 504 Service Plan).

Parent/Guardian: \_\_\_\_\_

Classroom Teacher(s): \_\_\_\_\_

School Principal: \_\_\_\_\_

Signature System Special Education Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature System 504 Plan Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature System Testing Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature System Superintendent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## DEPARTMENT OF EDUCATION USE ONLY:

Date received: \_\_\_\_\_ Request Granted? ☐ Yes ☐ No

Division of Special Education: \_\_\_\_\_

Office of Assessment, Evaluation, and Research: \_\_\_\_\_

## COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
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